

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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For	Officia Disa Boly
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 267	2. Fiscal Year Covered From:
Medipoli d	01/01/2004 Through: 6/31/2004
. Name and address of person filing.	Name, file number, and address of labor organization.
Name Richard A Johnson	Name United Transportation Union
TATOMATA IT SOMEON	Labor Organization File Number
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 4-3
Street 6565 W. Jewell Ave	Street 6565 W. Jowell Ave
city Lakewood	City Lakewood
State Coloredo ZIP Code + 4 80332-71	102 State Colorado ZIP Code +4 80232-7/02
5. Position in labor organization. State Legisla	tive Oirector
	F-900 95 F-900 95
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
Held an interest in, engaged in transactions (including loans) with	h, or derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.
monetary value from an employer whose employees your organ	h, or derived income or other economic benefit of
monetary value from an employer whose employees your organ	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.
monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any).	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.
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Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	h, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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monetary value from an employer whose employees your organ 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4 15. Signature and verification. The undersigned declares, under pena	h, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information
monetary value from an employer whose employees your organ 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4 15. Signature and verification. The undersigned declares, under pena	h, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4 15. Signature and verification. The undersigned declares, under penasubmitted in this report (including the information contained in any accordance).	h, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the
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Name of Person Filing Richard A. Johnson	3n File Number U- 2077
3. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or off an employer whose employees your labor organization represents or is a 2) any part of which consists of buying from or selling or leasing directly or lealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise
. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.1a. Nature of such dealing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m	i under parts A and B above) noney or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, If any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment